STANDARDS AND REGULATIONS FOR LICENSED ADULT DAY CARE CENTERS

22 VAC 40-60 Effective July 1, 2000

Technical Assistance

DEPARTMENT OF SOCIAL SERVICES COMMONWEALTH OF VIRGINIA

TECHNICAL ASSISTANCE

VIRGINIA DEPARTMENT OF SOCIAL SERVICES STANDARDS AND REGULATIONS FOR LICENSED ADULT DAY CARE CENTERS 22 VAC 40-60 Effective July 1, 2000

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PART III. PERSONNEL

22 VAC 40-60-200.A.6. - General Qualifications

Question: Are criminal record checks required for existing staff?

<u>Answer</u>: Criminal record checks are not required for staff in adult day care centers who were hired prior to July 1, 1993. Please refer to the regulation entitled Regulation for Criminal Records Checks for Homes for Assisted Living Facilities and Adult Day Care Centers (22 VAC 40-90 et seq.). (001 10/1/03)

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22 VAC 40-60-280. - Orientation and Staff Training

Question: What are the requirements for the trainer who provides the required 24 hours of orientation training?

<u>Answer:</u> There are no specific requirements for the person who provides orientation training or other training provided to staff. The trainer or trainers should be qualified to provide the required information. Standard 280.C. requires that a supervisor or designed trained staff closely oversee the individual's work until training is completed. (002 10/1/03)

Question: The assisted living facility training requirement is 40 hours—is this the same content as the 24 hours of orientation training required for adult day care center staff? If staff has completed CNA direct care staff training would it substitute for the 24 hours of orientation training?

<u>Answer</u>: The orientation training that is required in standard 280.B. should be specific to each adult day care center. There is no requirement for a specific curriculum or source for the 24 hours of training for direct care staff. (003 10/1/03)

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22 VAC 40-60-300. – Staff Development

Question: What are the continuing education requirements for direct care staff? Contact hours or CEUs?

<u>Answer</u>: The standard states that direct care staff must attend at least eight <u>contact</u> hours of training. (004 10/1/03)

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22 VAC 40-60-320. - Director

Question: Is a Bachelor's Degree required for adult day center directors?

<u>Answer</u>: Any adult day care center director hired after July 1, 2000 is required to have a Bachelor's Degree. (005 10/1/03)

Question: What are the continuing education requirements for directors? Contact hours or CEUs?

<u>Answer</u>: The required 24 hours of annual training for directors shall be <u>contact</u> hours. $(006 \ 10/1/03)$

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22 VAC 40-60-340. - Volunteers

Question: Are volunteers required to have First Aid and CPR training?

<u>Answer</u>: No. Standard 40-60-960 requires that at least one person who has the required training must be on the premises during the center's hours of operation. Volunteers can never be the sole employees in a licensed center. $(007 \ 10/1/03)$

Question: Why are criminal record checks not required for volunteers?

<u>Answer</u>: The Code of Virginia does not require criminal record checks for volunteers in adult day care centers who work with the permission or under the supervision of a person who has received a criminal record report. (008 10/1/03)

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PART IV. SUPERVISION

22 VAC 40-60-380. – Staff-to-Participant Ratios

Question: *Is the director to be counted in the staff-to-participant ratio?* **Answer**: The director is counted in the staff-to-participant ratio only when she is providing direct care to participants. See the definition of "direct care staff" in the regulation. (009 10/1/03)

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PART V. BUILDINGS AND GROUNDS

22 VAC 40-60-490. – General Areas

<u>Question</u>: If an existing center expands, is only the new part subject to the 50 square feet of space per participant requirement? Do building officials know about the new 50 square feet of space requirement?

<u>Answer</u>: Only the newly expanded part of an adult day care center is subject to the 50 square feet of space per participant requirement. Issuance of the occupancy permit is based on compliance with the building code. (0010 10/1/03)

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PART VI. ADMISSION, RETENTION AND DISCHARGE

22 VAC 40-60-570. – Plan of Care for Each Participant

Question: Is family input needed for subsequent updates to the plan of care for participants?

<u>Answer</u>: The family must have an on-going opportunity for involvement in the plan of care for the participant. Standards 22 VAC 40-60-694 and 22 VAC 40-60-695, related to health care supervision and monitoring, require the involvement of the participant, family members and others, as appropriate, in health care oversight. Documentation must be recorded in the participant's record and in the update of the plan of care. (0011 10/1/03)

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22 VAC 40-60-590.B.3. - Participant Record

Question: What does the center do if there is no choice of hospitals for participants? **Answer**: If there is only one hospital, it should be understood that there is no choice and the name of the available hospital entered in the record. (0012 10/1/03)

22 VAC 40-60-610. – Medical Reports After Admission

Question: When are the medical updates due for participants?

Answer: Updates are due within one year of the participant's initial physical examination, and subsequently one year after that date. All participants' physical examination reports should have been updated by June 30, 2001. (0013 10/1/03)

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PART VII. PROGRAMS AND SERVICES

22 VAC 40-60-695. – Health Care Services

Question: Provide clarification of what is needed. How should documentation be maintained? How often will health care monitoring be required? Will frequency of monitoring be tied to the care plan?

Answer: Once every six months is the minimum for review of health care services. Some items specific to individual participants might need to be checked more often. For example, a participant with high blood pressure, might need to have it checked daily. There is no specific time frame for when items need to be reviewed; it will vary from participant to participant, depending on health care needs. The health care monitoring must be tied to the plan of care. Licensing staff should be looking at the participant's care plan and other documentation of care such as daily logs, progress notes, observation of participants, discussion of the center's policies with the director. (0014 10/1/03)

22 VAC 40-60-695.D.

Question: What does "shall arrange for specialized rehabilitative services" mean? Answer: If a need for rehabilitative services is identified, center staff should report it to the family and advise the family to report it to the participant's physician. Center staff should advocate that the problem be addressed. The standard was not intended to mean that the center is responsible for obtaining, providing or paying for rehabilitative services for participants. (0015 10/1/03)

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22 VAC 49-60-880.B.1. – Transportation Services

Question: If a participant who sometimes uses a wheelchair can transfer with assistance, should a wheelchair accessible van be required?

<u>Answer</u>: No. If a participant who sometimes uses a wheelchair can transfer by himself or with assistance, it is not necessary to have a wheelchair accessible van. (0016 10/1/03)

22 VAC 40-60-880.C.5.

Question: Regarding the requirement for certain information to be kept in vehicles used for transportation, it would be difficult to have it on all vans. Would a two-way radio be sufficient?

<u>Answer</u>: If a facility believes it cannot keep the required material in all vehicles and that the intent of the standard can be met another way, the director may wish to request an allowable variance. $(0017 \ 10/1/03)$

22 VAC 40-60-960. – First Aid Certification and CPR

Question: In meeting the requirement for CPR training is Heart Saver training okay or only Heart Saver Plus?

Answer: Only Heart Saver Plus is acceptable, because it requires testing.

Question: Is CPR certification valid if it is given for two years?

<u>Answer</u>: If the certifying organization issues certification for two years, it is acceptable. $(0018 \ 10/1/03)$

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22 VAC 40-60-1020.H. – Plan for Emergencies

Question: Would a log be sufficient for emergency records? What emergencies must be documented?

<u>Answer</u>: If a "log" includes the information required by this standard, it is sufficient. The emergencies that must be documented are those included in standards 22 VAC 40-60-1020.A. and 22 VAC 40-60-1020.I. If the emergency impacts the center and is not an individual participant's health emergency it should be included. (0019 10/1/03)

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